

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Van Dyk

Signature of Treasurer

Electronically Filed by Robert Van Dyk

Date

07

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		140530.01
(b) Cash on Hand at Beginning of Reporting Period .....	155830.66	
(c) Total Receipts (from Line 19) .....	27431.10	321795.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	183261.76	462325.37
7. Total Disbursements (from Line 31) .....	102296.66	381360.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	80965.10	80965.10
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25646.42	301492.03
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1784.68	17303.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	27431.10	318795.36
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	27431.10	318795.36
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27431.10	321795.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27431.10	321795.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	796.66	4660.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	796.66	4660.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	101500.00	376700.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	102296.66	381360.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	102296.66	381360.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	27431.10	318795.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27431.10	318795.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	796.66	4660.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	796.66	5660.27

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr Cecil Barcelo

Mailing Address 411 Alabama

City	State	Zip Code
League City	TX	77573-2615

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baywind VillageOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	0	7

Transaction ID: 26022548

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City	State	Zip Code
Scotts Hill	TN	38374-5084

FEC ID number of contributing federal political committee.

C

Name of Employer  
Tennessee Health Managem-  
entOccupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	7

Transaction ID: 26031742

Amount of Each Receipt this Period

150.00

**C.** Full Name (Last, First, Middle Initial)

Mr John K Smith

Mailing Address PO Box 311

City	State	Zip Code
Commerce	TX	75429

FEC ID number of contributing federal political committee.

C

Name of Employer  
Smith InvestmentsOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	7

Transaction ID: 26031743

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr William Williamson

Mailing Address 101 Grace Drive

City State Zip Code  
Easley SC 29640-9088

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Management Resources

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
06 04 2007

Transaction ID: 26031744

Amount of Each Receipt this Period

150.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lyn Bentley

Mailing Address 2212 Hidden Valley Lane

City State Zip Code  
Silver Spring MD 20904-5240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AHCA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
06 05 2007

Transaction ID: 26036896

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Hebert

Mailing Address 7605 Ridgcrest Drive

City State Zip Code  
Alexandria VA 22308-1049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AHCA

Occupation  
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.28

Date of Receipt

M M / D D / Y Y Y Y  
06 05 2007

Transaction ID: 26036902

Amount of Each Receipt this Period

43.65

**SUBTOTAL** of Receipts This Page (optional) .....

213.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Francesca O'Reilly  
 Mailing Address 4005 Nellie Custis Drive

City State Zip Code  
 Arlington VA 22207-5107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Sr. Director of Congressi-  
 onal Affairs

Occupation  
 American Health Care Association

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 7

Transaction ID: 26036905

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr David Kylo  
 Mailing Address 4621 28th Road South  
 PAYROLL DEDUCTION

City State Zip Code  
 Arlington VA 22206-1143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 AHCA

Occupation  
 Director, Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.72

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 5 / 2 0 0 7

Transaction ID: 26036932

Amount of Each Receipt this Period

39.56

**C.** Full Name (Last, First, Middle Initial)  
 Mr Stephen Reissman  
 Mailing Address 5120 Goldleaf Circle Suite 400

City State Zip Code  
 Los Angeles CA 90056-1297

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Country Villa Health Serv-  
 ices

Occupation  
 President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 7

Transaction ID: 26038785

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1309.56

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Steve Mulder

Mailing Address 7300 Del Pardo Street

City State Zip Code  
 Boca Raton FL 33433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Whitehall Boca

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 7

Transaction ID: 26071799

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Samuel Kaplan

Mailing Address 5500 Wells Fargo Center  
 90 South Seventh St

City State Zip Code  
 Minneapolis MN 55402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tealwood Care Centers

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 7

Transaction ID: 26072246

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr Gerald Romano

Mailing Address 7 Creek Lane

City State Zip Code  
 Bristol RI 02809-2499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Silver Creek Manor

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 1 / 2 0 0 7

Transaction ID: 26075301

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Alan Zuccari

Mailing Address 7712 Carlton Place

City State Zip Code  
 McLean VA 22102-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamilton Insurance Agency

Occupation  
Insurance Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 26117189

Amount of Each Receipt this Period

1250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Norm Hyatt

Mailing Address 5102 Scenic Drive

City State Zip Code  
 Yakima WA 98908-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hyatt Management Corp.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 7

Transaction ID: 26117366

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Anthony D. Zingarelli

Mailing Address 2506 South 22nd Street

City State Zip Code  
 Philadelphia PA 19145-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZAC Capital Partners, LLC

Occupation  
COO, Director Mergers & Acquisitions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 26117369

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr Frank Wronski

Mailing Address 64500 Van Dyke

City State Zip Code  
Washington MI 48095-2576

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medilodge Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 26120635

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Andrew S Weisman

Mailing Address 5310 NW 33rd Avenue Suite 211

City State Zip Code  
Fort Lauderdale FL 33309-6376

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NuVision Management

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 26120640

Amount of Each Receipt this Period

1250.00

**C.** Full Name (Last, First, Middle Initial)

Mr Brad Stebbins

Mailing Address 600 E Whaley

City State Zip Code  
Longview TX 75601-6525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stebbins Five Companies

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 7

Transaction ID: 26127232

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr Paul Diaz Mailing Address 680 South Fourth Street City Louisville State KY Zip Code 40202-2816 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Kindred HealthCare Occupation Sr Vice President/CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> 26127233 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr Roch Carter Mailing Address 111 W Michigan St City Milwaukee State WI Zip Code 53203-2903 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Unicare Health Facilities Occupation General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> 26137057 Amount of Each Receipt this Period 125.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms Toni Fatone Mailing Address 99 East River Drive 8th Floor City East Hartford State CT Zip Code 06108-3288 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Connecticut Association of HC Faciliti Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> 26151519 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr Stephen Morrisette

Mailing Address 2112 W Laburnum Ave Ste 206

City State Zip Code  
 Richmond VA 23227-4358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Virginia Health Care Assn

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 2 / 2 0 0 7

Transaction ID: 26157452

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Giorgio

Mailing Address 3410 12th Ave. SW

City State Zip Code  
 Cedar Rapids IA 52404-1375

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Evergreen Estates

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 2 / 2 0 0 7

Transaction ID: 26157453

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr James Unverferth

Mailing Address 1100 Shawnee Road

City State Zip Code  
 Lima OH 45805-3583

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCF, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 26157461

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jim Walker  
Mailing Address 2740 Cherokee Road

City State Zip Code  
Birmingham AL 35216-1039

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHS

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 26162990

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Ira Alpert  
Mailing Address 285 South Street  
Suite J

City State Zip Code  
San Luis Obispo CA 93401-5037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wilshire Foundation Inc

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

Transaction ID: 26167611

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr William Dunn  
Mailing Address 195 Executive Dr

City State Zip Code  
Marion OH 43302-6391

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marion Manor Nursing Hm  
Inc

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

Transaction ID: 26167614

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Bobbie Blackard  
Mailing Address 417 Arundel Drive

City State Zip Code  
Brandon MS 39047-8106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manthan Nursing & Rehab

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 26173078

Amount of Each Receipt this Period

600.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lyn Bentley  
Mailing Address 2212 Hidden Valley Lane

City State Zip Code  
Silver Spring MD 20904-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 26174234

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Hebert  
Mailing Address 7605 Ridgcrest Drive

City State Zip Code  
Alexandria VA 22308-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.93

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 26184834

Amount of Each Receipt this Period

43.65

**SUBTOTAL** of Receipts This Page (optional) .....

663.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Francesca O'Reilly  
 Mailing Address 4005 Nellie Custis Drive

City State Zip Code  
 Arlington VA 22207-5107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Sr. Director of Congressi-  
 onal Affairs

Occupation  
 American Health Care Association

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26184837

Amount of Each Receipt this Period

20.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr David Kylo  
 Mailing Address 4621 28th Road South  
 PAYROLL DEDUCTION

City State Zip Code  
 Arlington VA 22206-1143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 AHCA

Occupation  
 Director, Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.28

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26184839

Amount of Each Receipt this Period

39.56

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Scott Carlson  
 Mailing Address 994 Sharon Lane

City State Zip Code  
 Ventura CA 93001-3847

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Sun Health Care

Occupation  
 Director Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26184850

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

184.56

**TOTAL** This Period (last page this line number only) .....

25646.42



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** BB & T

Full Name (Last, First, Middle Initial)

Mailing Address Operations Center  
Post Office Box 819

City State Zip Code  
Wilson NC 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 26202548

Date of Disbursement

/   /

Amount of Each Disbursement this Period

63.63

**B.** BB & T

Full Name (Last, First, Middle Initial)

Mailing Address Operations Center  
Post Office Box 819

City State Zip Code  
Wilson NC 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 26202552

Date of Disbursement

/   /

Amount of Each Disbursement this Period

733.03

**SUBTOTAL** of Disbursements This Page (optional) .....

796.66

**TOTAL** This Period (last page this line number only) .....

796.66

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol St

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26023221

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

## **B. John Spratt for Congress**

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement

Candidate Name  
Mr John Spratt

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 5

Transaction ID: 26023299

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Reed Committee**

Mailing Address 200 Midway Rd, Ste 168

City Cranston State RI Zip Code 02920

Purpose of Disbursement

Candidate Name  
Mr. Jack Reed

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 2

Transaction ID: 26023277

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

17000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Eshoo for Congress

Mailing Address 555 Bryant, Box 335

City Palo Alto State CA Zip Code 94301

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Ms. Anna Eshoo

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 26023256

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Tierney for Congress Cmte.

Mailing Address PO Box 8013

City Salem State MA Zip Code 01970

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. John Tierney

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 6

Transaction ID: 26023224

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Doggett for Congress

Mailing Address PO Box 5743

City Austin State TX Zip Code 78763

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Lloyd Doggett

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 26023226

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of John Peterson

Mailing Address 1524 West College Avenue

City State College, State PA Zip Code 16801

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. John Peterson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 5

Transaction ID: 26023222

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Marion Berry for Cong Cmt

Mailing Address PO Box 8084

City Jonesboro State AR Zip Code 72055

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Marion Berry

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 1

Transaction ID: 26023275

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Hooley for Congress

Mailing Address 6545 Failing St

City W Linn State OR Zip Code 98068

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Ms Darlene Hooley

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: 26023255

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Friends of Blanche Lincoln**

Mailing Address P.O. Box 3197

City  
Little Rock

State  
AR

Zip Code  
72203

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Ms Blanche Lincoln

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☐ Primary

☐ General

☒ Other (specify) ▼

State: AR

District:

2010 General

Transaction ID: 26023231

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. America Works Committee**

Mailing Address 607 14th Street, NW  
8th Floor

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 26023227

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Langevin for Congress**

Mailing Address 181-A Knight St.

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. James Langevin

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: RI

District: 2

Transaction ID: 26023269

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Brown-Waite for Congress

Mailing Address 6135 Deltona Blvd.

City  
Spring Hill

State  
FL

Zip Code  
34606

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Ms. Ginny Brown-Waite

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District: 5

Transaction ID: 26023245

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Barrett for Congress Committee

Mailing Address PO Box 869

City  
Westminster

State  
SC

Zip Code  
29693

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Gresham Barrett

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC

District: 3

Transaction ID: 26023246

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of John Barrow

Mailing Address 2141 B West Broad St

City  
Athens

State  
GA

Zip Code  
30606

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. John Barrow

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA

District: 12

Transaction ID: 26023298

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Allyson Schwartz For Congress

Mailing Address P.O. Box 45706

City  
Philadelphia

State  
PA

Zip Code  
19149

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Allyson Schwartz

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 13

Transaction ID: 26023303

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Castor For Congress

Mailing Address PO Box 5419

City  
Tampa

State  
FL

Zip Code  
33675

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Katherine Castor

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District: 11

Transaction ID: 26023295

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Jesse Jackson Jr. For Congress

Mailing Address P.O. Box 490286

City  
Chicago

State  
IL

Zip Code  
60649

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Jesse Jackson, Jr.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 2

Transaction ID: 26023248

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Rhode Island PAC

Mailing Address 750 Elmgrove Avenue

City  
Providence

State  
RI

Zip Code  
02903

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26023254

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Loeb sack For Congress

Mailing Address PO Box 1457

City  
Iowa City

State  
IA

Zip Code  
52244

Purpose of Disbursement

Candidate Name  
Rep. Dave Loeb sack

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 2

Transaction ID: 26023305

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Niki Tsongas Committee, The

Mailing Address PO Box 1454

City  
Lowell

State  
MA

Zip Code  
01853

Purpose of Disbursement

Candidate Name  
Nicola Tsongas

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 5

Transaction ID: 26023354

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Joe Courtney for Congress

Mailing Address 713-717 Main St.

City  
Willimantic

State  
CT

Zip Code  
06226

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Joe Courtney

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT

District: 2

Transaction ID: 26038787

Date of Disbursement

06 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Levin for Congress Cmte

Mailing Address 436 New Jersey Ave SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Sander Levin

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 12

Transaction ID: 26096709

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Jim Ramstad Volunteer Cmte.

Mailing Address 8120 Penn Ave., S., # 156-A  
322 Cannon House Ofc Bldg

City  
Bloomington

State  
MN

Zip Code  
55431

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Jim Ramstad

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District: 3

Transaction ID: 26096936

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Walsh for Congress Committee**

Mailing Address P.O. Box 1974  
1330 Longworth House Ofc Bldg

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. James Walsh

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 26096806

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Richard Burr Committee**

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr Richard Burr

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 5

Transaction ID: 26096938

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Doggett for Congress**

Mailing Address PO Box 5743

City Austin State TX Zip Code 78763

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Lloyd Doggett

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 26096934

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Kind for Congress Committee**

Mailing Address 505 King Street  
Ste. 105

City Lacrosse State WI Zip Code 54601

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Ron Kind

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 3

Transaction ID: 26096935

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. The Freedom Project**

Mailing Address 111 C Street Se

City Washington State DC Zip Code 20002

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26096807

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Committee for the Preservation of Capitalism**

Mailing Address PO Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26096943

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr Greg Walden

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 2

Transaction ID: 26096949

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Murphy for Congress**

Mailing Address PO Box 11721

City  
Pittsburgh

State  
PA

Zip Code  
15228

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Timothy Murphy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: 26096711

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mike Burgess for Congress**

Mailing Address P.O.Box 2334

City  
Denton

State  
TX

Zip Code  
76020

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Mike Burgess

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 26096940

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends of Rahm Emanuel

Mailing Address 101 W. Grant #200

City  
Chicago

State  
IL

Zip Code  
60610

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Mr. Rahm Emanuel

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 5

Transaction ID: 26096937

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Porter for Congress

Mailing Address PO Box 27972

City  
Las Vegas

State  
NV

Zip Code  
89126

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Mr. Jon Porter

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 3

Transaction ID: 26096946

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Artur Davis for Congress

Mailing Address P.O. Box 1845

City  
Birmingham

State  
AL

Zip Code  
35201

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Rep. Artur Davis

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL

District: 7

Transaction ID: 26096939

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends Of Jim Marshall

Mailing Address P.O. B0x 125

City  
Macon

State  
GA

Zip Code  
31201

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Jim Marshall

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 3

Transaction ID: 26096933

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Alliance for the West

Mailing Address 429 North Saint Asaph Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26096932

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Heller For Congress

Mailing Address PO Box 750580

City  
Las Vegas

State  
NV

Zip Code  
89136

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Dean Heller

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 2

Transaction ID: 26096809

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

Candidate Name  
Rep. Henry Waxman

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 30

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 26096954

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Charles A Gonzalez Congressional Campaign**

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement

Candidate Name  
Rep. Charles Gonzalez

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 20

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 26096941

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Zack Space For Congress Committee**

Mailing Address 714 N Wooster Avenue

City Dover State OH Zip Code 44622

Purpose of Disbursement

Candidate Name  
Mr. Zachary Space

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 18

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 26096948

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Committee for a Democratic Future**

Mailing Address 25 Roydon Road

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26096944

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Friends of John Rockefeller**

Mailing Address PO Box 1909

City  
Charleston

State  
WV

Zip Code  
25327

Purpose of Disbursement

Candidate Name  
Senator John Rockefeller

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 2

Transaction ID: 26128657

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

## **C. Berkley for Congress**

Mailing Address PO Box 7397

City  
Las Vegas

State  
NV

Zip Code  
89125

Purpose of Disbursement

Candidate Name  
Ms Shelley Berkley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 1

Transaction ID: 26128638

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ryan For Congress

Mailing Address P.O. Box 2776

City  
Arlington

State  
VA

Zip Code  
22202

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Paul Ryan

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 1

Transaction ID: 26128654

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Judy Feder For Congress

Mailing Address 1514 Hardwood Lane

City  
McLean

State  
VA

Zip Code  
22101

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Judith Feder

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 10

Transaction ID: 26128651

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Citizens For Altmire

Mailing Address PO Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Jason Altmire

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 26128630

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hoosiers For Hill

Mailing Address PO Box 1071

City  
Seymour

State  
IN

Zip Code  
47274

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Baron Hill

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 9

Transaction ID: 26128636

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Committee for Hispanic Causes (CHC) BOLD PAC

Mailing Address 1831 Bay Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26128631

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Committee for Leadership and Progress

Mailing Address P.O. Box 31107

City  
Bethesda

State  
MD

Zip Code  
20824

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26128633

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Building A Majority PAC**

Mailing Address P.O. Box 2315

City  
Baltimore

State  
MD

Zip Code  
21203

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 26128634

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Hoyer for Congress Committee**

Mailing Address 7905 Malcolm Road, Suite 102

City  
Clinton

State  
MD

Zip Code  
20735

Purpose of Disbursement

Candidate Name  
Mr. Steny Hoyer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 26136850

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Capito for Congress**

Mailing Address PO Box 11519

City  
Charleston

State  
WV

Zip Code  
28339

Purpose of Disbursement

Candidate Name  
Ms. Shelly Moore Capito

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 2

Transaction ID: 26136858

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hoyer for Congress Committee

Mailing Address 7905 Malcolm Road, Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement  
Void - Hoyer for Congress Committee

Candidate Name  
Mr. Steny Hoyer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 26153275

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Hoyer for Congress Committee

Full Name (Last, First, Middle Initial)

**B.** Hoyer for Congress Committee

Mailing Address 7905 Malcolm Road, Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name  
Mr. Steny Hoyer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 5

Transaction ID: 26153324

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Becerra for Congress

Mailing Address 1910 Sunset Blvd Suite 540

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name  
Mr. Xavier Becerra

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 30

Transaction ID: 26151854

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Becerra for Congress

Mailing Address 1910 Sunset Blvd Suite 540

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Void - Becerra for Congress

Candidate Name  
Mr. Xavier Becerra

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 30

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 26153277

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Becerra for Congress

Full Name (Last, First, Middle Initial)

**B.** Becerra for Congress

Mailing Address 1910 Sunset Blvd Suite 540

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name  
Mr. Xavier Becerra

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 30

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 26153326

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Ken Calvert for Congress Cmt

Mailing Address P.O. Box 1414

City Riverside State CA Zip Code 92502

Purpose of Disbursement

Candidate Name  
Mr. Ken Calvert

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 43

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 26151637

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ken Calvert for Congress Cmt

Mailing Address P.O. Box 1414

City  
Riverside

State  
CA

Zip Code  
92502

Purpose of Disbursement  
Void - Ken Calvert for Congress Cmt

Candidate Name  
Mr. Ken Calvert

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: 26153276

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Ken Calvert for Congress Cmt

Full Name (Last, First, Middle Initial)

**B.** Ken Calvert for Congress Cmt

Mailing Address P.O. Box 1414

City  
Riverside

State  
CA

Zip Code  
92502

Purpose of Disbursement

Candidate Name  
Mr. Ken Calvert

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: 26153327

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Capito for Congress

Mailing Address PO Box 11519

City  
Charleston

State  
WV

Zip Code  
28339

Purpose of Disbursement  
Void - Capito for Congress

Candidate Name  
Ms. Shelly Moore Capito

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 2

Transaction ID: 26153278

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Capito for Congress

**SUBTOTAL** of Disbursements This Page (optional) .....

-1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Capito for Congress

Mailing Address PO Box 11519

City  
Charleston

State  
WV

Zip Code  
28339

Purpose of Disbursement

Candidate Name

Ms. Shelly Moore Capito

Office Sought:

☒

House

☐

Senate

☐

President

State: WV

District: 2

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 26153325

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

101500.00